

57111

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

SFUND RECORDS CTR

999000639

PRODUCER OF WASTE (Must be filled by producer)

Name ALUMINUM CO OF AMERICA ☐ ☐ ☐ ☐

(PRINT OR TYPE) CODE NO.

Pick up Address: 551 ALCOA AVE VERNON

(NUMBER) (STREET) (CITY)

Telephone Number: () P.O. or Contract No.: _____

Order Placed By: _____ Date: 7-5-27

Type of Process
which Produced Wastes: ALUMINUM FABRICATOR ☐ ☐ ☐ ☐

(Examples: metal plating, equipment cleaning, oil drilling –
wastewater treatment, pickling bath, petroleum refining)

CODE NO.

DESCRIPTION OF WASTE (Must be filled by producer)		
Check type of wastes:		
1. <input type="checkbox"/> Acid solution 2. <input type="checkbox"/> Alkaline solution 3. <input type="checkbox"/> Pesticides 4. <input type="checkbox"/> Paint sludge 5. <input type="checkbox"/> Solvent	6. <input type="checkbox"/> Tetraethyl lead sludge 7. <input type="checkbox"/> Chemical toilet wastes 8. <input type="checkbox"/> Tank bottom sediment 9. <input type="checkbox"/> Oil 10. <input type="checkbox"/> Drilling mud	11. <input type="checkbox"/> Contaminated soil and sand 12. <input type="checkbox"/> Cannery waste 13. <input type="checkbox"/> Latex waste 14. <input type="checkbox"/> Mud and water 15. <input type="checkbox"/> Brine

☐ Other (Specify) OIL SLUDGE & WATER

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 CODE NO.

Components: (Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)		Upper	Concentration:		ppm
		Lower	%		
1.					
2.					
3.					
4.					
5.					
6.					

Hazardous Properties of Waste:

pH 7 ☒ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: 100 ☐ gal ☐ tons ☒ barrels (42 gal.) ☐ other SUMP (SPECIFY)

Containers: _____ (NUMBER) ☐ drums ☐ cartons ☐ bags ☒ other SUMP (SPECIFY)

Physical State: ☐ solid ☒ liquid ☒ sludge ☐ other _____ (SPECIFY)

Special Handling Instructions (if any): _____

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury
that the foregoing is true and correct.

Christo H. Balt
SIGNATURE OF AUTHORIZED AGENT AND TITLE

HAULER OF WASTE (Must be filled by hauler)

ASBURY OIL CO.
13419 Halldale Ave., Gardena, California 90249
Phone: (213) 321-1392

5-29-78

999000639
CODE NO.

Pick Up: _____ Time: _____
(DATE) 15 4
am
pm

State Liquid Waste Hauler's Registration No. (if applicable): _____

Job No.: _____ No. of Loads or Trips: _____ Unit No. _____

Vehicle: ☒ vacuum truck 100 barrels, ☐ flatbed, ☐ other _____
(SPECIFY)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Steve Priddy
SIGNATURE OF AUTHORIZED AGENT AND TITLE

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): Operating and

Site Address: Monthly Park

CODE NO.

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The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): _____ State fee (if any): _____

Handling Method(s):

☐ recovery

☐ treatment (specify): _____ CODE NO. _____

(EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION)

☐ disposal (specify): ☐ pond ☐ spreading ☒ landfill ☐ injection well

☐ other (specify): _____ CODE NO. _____

If waste is held for disposal elsewhere specify final location: _____

Disposal Date: _____

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

[Signature]
SIGNATURE OF AUTHORIZED AGENT AND TITLE

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

**FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING
HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.**

D.O.T. Proper Shipping Name _____

BILLING CODE